Columbia, SC 29210

100 Executive Center Dr., Suite 100

ublic Service Commission of South Carolina

2 39308

Phone: 803-896-5100

Print



Complaint Form

| axi | 803-896-5199 |
|-----|--------------|
| 7 | ww.psc.sc.go |

| Date: <u>9/15/20</u> | 12 | _ | | | | | |
|-------------------------|--|--------------|---|---------------------------------|--------------------|----------------------|---|
| Complainant | or Legal Repre | sentative Ir | aformation: | * Re | quired Fields | | |
| Name * | Gary Babine | ec | | | | | |
| Firm (if applicat | b le) | | | | , | | |
| Aniling Addres | ss * 26011 Misty | Way Dr. | | | | | |
| City, State Zip | * Tega Cay | | sc | 29708 | Phone * | 803-493-639 | 98 |
| 2-mail * | | | | | | | |
| Name of Util | ity Involved in (| Complaint: | * Tega Cay | Water Co. | | | 1 |
| | If AT&T is the ut | | | | ent located at the | end of this form | n. |
| | plaint (check app | | · · · · · · · · · · · · · · · · · · · | | | | • |
| Disconnect Service Issu | or/Adjustments tion of Service ue pecific) <u>Rate In</u> | Payme Meter | its and Credit I ent Arrangemer Issue | | Wrong Ra Water Qua | | Refusal to Connect Service Line Extension Issue |
| | acted the Office o | f Regulatory | Staff (ORS)? | * Yes X | No Name | | |
| | | 1106111101 | | | ORS Con | ntact: | |
| 'oncisa Stata | ment of Facts/C | 'omplaint | * (This restion | must be some | loted Attach addi | tional informati | ion to this page if necessary.) |
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| TATE OF SOU | UTH CAROLINA |) | VER | IFICATION | | | |
| OUNTY OF | York |) | | | | | Internal Use Only |
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| | THE PARTIES | | Varify that Th | ave read was a | roplaint filed an | 00/1 <i>E/</i> 0010 | |
| Co | Gary Babinec omplainants Name * | | verify that I h | nave read my co Gary Babinec | omplaint filed on | 09/15/2012 Date * | |